# Service Plan Guidelines

# For 2012/2013

# Student Health

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Student Health Partnership Service Plan Guidelines for 2012/2013

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Note: Student Health is a joint endeavour of the Ministries of Education, Health and Wellness, and Children & Youth Services.

**Please also refer to the companion document —**
***Student Health Partnership: Annual Report Guidelines for* 2011/2012**

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# Student Health (SH)

Student Health is a joint endeavour of the provincial government partners of Alberta Education, Health, and Health Services.

Student Health's annual service delivery budget is allocated to Student Health Partnerships to **enhance** the provision of a range of integrated health and related support services for identified children with special health needs registered in school programs and to improve access to these services. The Student Health Partnerships adhere to Student Health principles (see Appendix A, page 19) to help these children participate fully in education programs to attain their potential and be successful in their school program.

In Student Health, children with special health needs are those children who:

- have physical disabilities, developmental delays and/or disabilities, neurological disorders, sensory impairments, medical conditions or emotional/behavioural disabilities
  **and**
- are registered in school programs funded by Alberta Education from Early Childhood Services (ECS) to grade 12

Students and children eligible to receive Student Health services are those who are registered with Alberta Education in any of the following:

- public school programs (provided by public or separate school jurisdictions, or charter schools)
- private school programs
- private ECS operator programs
- institutional education programs
- homebound programs and home education programs
- alternative programs

Student Health services include:

- rehabilitation (speech-language therapy, physical therapy, occupational therapy, audiology and respiratory therapy)
- nursing care for children with specialized and/or complex health needs
- emotional/behavioural supports including behavioural interventions, therapy and counselling

# Student Health Services and Costs

The following chart will help Student Health Partnerships determine what services are eligible for SH funding. Follow the decision path (1–6) to ensure the Partnership's planned services meet the criteria.

| | Decision Path | Criteria |
|---|---|---|
| 1 ⇓ | **Is the child eligible to receive a Student Health service?** | Children with special health needs are those children who:<br>• have physical disabilities, developmental delays and/or disabilities, neurological disorders, sensory impairments, medical conditions or emotional/behavioural disabilities **and**<br>• are registered in school programs funded by Alberta Education from Early Childhood Services (ECS) to grade 12 |
| 2 ⇓ | **What is the child's special health need?** | The student requires health and related support services to participate fully in his or her education program to attain his or her potential and be successful at learning, as identified in the Student's Service Plan or Individualized Program Plan (IPP).<br>*** It is expected that all students receiving Student Health services have a Student Service Plan if they do not have an IPP. Examples of Student Service Plans are treatment plans, care plans, and case plans.** |
| 3 ⇓ | **Which eligible Student Health service(s) meets the identified need?** | Eligible Student Health services, which recognize cultural diversity and are provided in a culturally appropriate manner, include:<br>• speech-language therapy<br>• physical therapy<br>• occupational therapy<br>• audiology<br>• respiratory therapy<br>• nursing care<br>• emotional/behavioural supports including behavioural interventions, therapy and counselling |
| 4 ⇓ | **Who is the service provider appropriate to meet the need?** | Professionals and/or paraprofessionals are eligible service providers.<br>• Teachers are not eligible service providers when working in an instructional role – see Q&A, page 3.<br>• Teaching assistants are eligible service providers only for that portion of time spent providing<br>• Student Health services – see Q&A, page 3 |
| 5 ⇓ | **Which service provider activity is appropriate?** | • The following direct service activities provided to an identified student are appropriate:<br>- assessment<br>- consultation<br>- program development<br>- direct therapy<br>- counselling and intervention for emotional/ behavioural issues<br>- program implementation<br>- summer programming, where identified as necessary in the student's documented Service Plan or IPP<br>• The following indirect service activities are appropriate **only** when provided by an eligible service provider (who is also providing a direct service):<br>- case conferencing<br>- service coordination<br>- referral and follow-up<br>- monitoring and evaluating student progress and outcomes<br>- maintaining client records |
| 6 | **What are the eligible costs included in hiring or contracting service providers?** | Eligible costs (see page 6) are those human resource costs directly related to program delivery of Student Health services, such as:<br>• salary/contract costs<br>• employee benefits<br>• administrative support<br>• travel<br>• orientation and professional development<br>• clinical supervision<br>• replacement equipment related to service delivery |

# Eligible Student Health Service Providers

An eligible service provider provides one or more types of service from an eligible service category for an identified student with an identified special health need. Together, these factors constitute an eligible Student Health service when they are delivered to assist the student to be successful in their school program.

- For example, a speech-language pathologist may provide assessment, consultation, program development, in-servicing, supervision, monitoring, evaluation, service coordination and case-conferencing as elements of intervention for an identified student with an identified special health need to enable the student to be successful in their school program.

**Are teaching assistants eligible Student Health service providers under the SH?**

Yes, teaching assistants working with students with special health needs under the direction of professional staff and implementing program plans developed by professional staff are eligible service providers.

Since teaching assistants may spend only a portion of their time providing Student Health services, school authorities may wish to estimate their costs by using a percentage. The suggested guide is that 25% of a teaching assistant's time is spent providing health and related support services to students with special health needs in the classroom.

**Are teachers eligible service providers under SH?**

When a person who is qualified and/or certified as a teacher is working in the role/capacity of a teacher whose role is to provide instruction to students, that person is not an eligible service provider. If a person with the same qualifications and/or certification is working in a non- instructional role, that person could be considered an eligible service provider in an eligible service category providing an eligible service.

- For example, a teacher who has appropriate professional qualifications and who works part-time in an instructional role and part-time in a school counsellor role could be an eligible service provider in the role of counsellor. Counselling is an eligible service in the category of emotional/behavioural supports. In this situation, the counsellor could be a service provider under SH to deliver emotional/behavioural supports as specified on Student Service Plans or Individualized Program Plans for identified students with special health needs.

The importance of including classroom teachers in case conferences is recognized. As a result of better coordination and integration of student health services through Student Health, there may be an increase in the demand for classroom teachers to attend case conferences to ensure that these services will support students' abilities to participate fully in their school program and be successful at learning. For that reason, a Special Eligible Cost can support this activity (see Eligible Student Health Costs, page 6).

# Eligible Student Health Service Delivery Activities

**What is the role of Regional Educational Consulting Services (RECS), and how do their services relate to Student Health services?**

RECS are educational support teams that receive referrals from schools and provide services within the school environment. The RECS teams provide assessment, consultation, in-service and staff development activities. They do not provide direct therapy to students.

Four teams serve the province: Coordinated Assessment Services for the Exceptional out of Grande Prairie, Edmonton Regional Educational Consulting Services out of Edmonton, Regional Educational Assessment and Consulting Services out of Calgary and Le Réseau provincial d'adaptation Scolaire for all students enrolled in a Francophone Regional Authority.

RECS services may include Speech/Language Pathology, Educational Programming for the Deaf & Hard of Hearing, Educational Audiology, Educational programming, Educational & Behavioural programming, Occupational Therapy, Orientation & Mobility, Physical Therapy, Adapted Physical Education, Psychology and Educational Programming for the Visually Impaired. Available service may vary from team to team.

RECS service is available for any student who has been identified to Alberta Education as a student with a severe disability, with the exception of a student with a severe emotional/behavioural disability. Service is also available for those students with a mild or moderate hearing disability and/or a mild or moderate visual disability. Students enrolled in a Francophone Regional Authority and who have severe, moderate and mild needs are eligible for services offered by Le Réseau provincial d'adaptation Scolaire.

Student Health Partnerships should consider the needs of students who are receiving service from RECS when determining service priorities. Since students do not receive therapy or direct intervention from RECS, it may be appropriate to provide the needed health services through the Student Health Partnership.

**When is in-servicing and/or supervision an eligible Student Health service activity?**

In order to be an eligible Student Health service, in-servicing and/or supervision must be provided by a service provider who is working directly with identified students with special health needs. Examples of eligible Student Health services are:

- in-servicing teachers about asthma, where there are identified

students in their classrooms with these conditions

- in-servicing the classroom team on behaviour management, when that team works directly with identified students with behavioural issues
- providing information sessions to parents of children identified with special health needs, when it is intended to help their children be successful in their school program

**What are some examples of ineligible Student Health service activities?**

Services or costs that are not eligible for funding through Student Health are:

- population or public health services intended to benefit all students, not just those with identified special health needs; e.g., immunization, dental health, reproductive health and control of infectious diseases
- broad-based prevention programs not directed to identified students with special health needs; e.g., school-wide bully proofing program or classroom-wide language development program
- services that are not identified in the student's IPP or Student's Service Plan

**When is professional development an eligible cost for funding through the Student Health?**

Professional development is embedded in human resource costs. When an employee is hired with Student Health funding, the employing partner budgets for the management and support of the employee in its costs, including clinical supervision, travel, administrative support and professional development. These costs are in addition to the salary and benefits and are identified on Form 1.

Student Health does not supplement professional development funding beyond employers' professional development policies.

# Eligible Student Health Costs

| Eligible Human Resource Costs Relating to Student Health Program Delivery | Eligible Costs Relating to the Student Health Partnership Administration | Special Eligible Costs | Ineligible Costs |
|---|---|---|---|
| Human resource costs directly related to the program delivery of Student Health services include:<br>• salary/contract costs<br>• employee benefits<br>• administrative support<br>• travel<br>• orientation and professional development<br>• clinical supervision<br>• replacement equipment related to service delivery | Costs associated with Partnership administration include:<br>• administrative support personnel<br>• accounting and reporting<br>• travel costs for Partnership meetings<br>• Partnership management<br>• evaluation activities<br>• brochures<br><br>The funding for Student Health includes a component for Student Health Partnership administration costs equivalent to 4.5% of the total funding allocation.<br><br>Partnership administration funding is a shared resource among all partners in the Student Health Partnership.<br><br>Partnership administration costs exceeding the 4.5% allocation must be borne by the Partnership. | A special eligible cost is allowed *only* for replacement of the classroom teacher to participate in case conferences related to *only* those individual students with identified student health needs. Funds can be allocated to a maximum of 1.5% of the Student Health Partnership's total service delivery funding allocation.<br><br>A special eligible cost is allowed for human resources that support a Partnership's integrated service delivery model. The cost for this support may be up to 4% of the Partnership's SH service delivery funding allocation. This cost is separate from the administration funding allocation and the teacher replacement cost. The following criteria must be met and described in the Service Plan:<br>• The position(s) will utilize an eligible service provider to assess the referral, gather information from multiple sources, meet with other professionals involved, and determine and coordinate the eligible service providers required to provide eligible services to the student.<br>• The position(s) must serve as a pivotal support to the service delivery model for the Partnership as a whole, not to just one sector or partner within the Partnership.<br>• The position(s) is/are a result of the Partnership's creation of an integrated service delivery approach, which is clearly demonstrated in the model (diagrams, flow charts, narrative, etc.) provided in the Service Plan. | Ineligible costs include:<br>• construction/purchase of land or buildings*<br>• rental/lease of space*<br>• office furnishings/start up equipment for staff*<br>• technical aids, adaptive equipment/devices for students<br>• school food programs<br>• child care costs<br>• transportation costs for students<br><br>* Contact Alberta Education Capital Planning Branch for support relating to these items. |

# Student Health Partnership

Each Student Health Partnership **must** include the following:

- Public School Jurisdiction(s)
- Alberta Health Services
- Child and Family Services Authority **and**
- Other School Authorities (such as Charter Schools, Private Schools and Private ECS Operators) within the geographic area of the Partnership.

Student Health Partnerships incorporate the following:

**Joint Management**
Shared responsibility for Partnership decisions and actions (with no single partner taking a dominant role)

- shared vision
- open and clear communication
- joint management
- equal accountability and risk sharing
- continuous improvement

Joint service planning and annual reporting occur as a continuous improvement cycle, in which the ability of the Student Health Partnership to meet the special health needs of identified children is enhanced through monitoring and evaluation. This includes the following activities:

**Pooled/shared Resources**
Pooled/shared resources are allocated to and used by the Partnership as a whole. As resources for a common purpose, they do not belong to any one partner.

- All partners in the Partnership must be involved in the planning process and deciding how to spend the pooled SH funding (see Appendix B, page 20).
- Families and relevant stakeholders must have the opportunity for input in the planning process and development of the Student Health Partnership Service Plan Budget Report. The Partnership is expected to facilitate this involvement.
- Partnerships must address the needs of identified students with special health needs registered in school programs funded by Alberta Education.

Student Health Partnerships are provided with Student Health funds according to their Partnership profile. The components of the profile include student enrolment from the previous school year for all students registered in school programs with Alberta Education (ECS through grade 12) in the geographic area of the Partnership. The components also include Health and Wellness data on the effect of distance and socio- economic factors in the geographic area of the Partnership. The Partnership will be accountable for ensuring that Student Health services are accessible to all students, with identified special health needs, who are included in the Partnership's funding profile.

# Service Plan

Student Health Service Plan Budget Reports and Financial Statement Annual Reports are completed as the two key components of an accountability cycle. This document is intended to provide information and direction to assist Partnerships in completing their Service Plans for 2012/2013.

The Student Health Partnership Service Plan Budget Report is a public document that identifies local priorities and describes how the Partnership plans to:

- improve access to, and enhance the provision of, integrated health and related support services for children with special health needs registered in school programs
- help ensure that children with special health needs are able to participate fully in education programs to attain their potential and be successful in their school program

# Required Components of the Service Plan

Approval of the Service Plan will be based on evidence of the Student Health Partnership's commitment to the Student Health principles (see Appendix A, page 19) and completion of the following required components:

1. **Statement of Accountability**
2. **Student Health Partnership Profile**
3. **Student Health Service Priorities**
4. **Outcomes, Indicators, Measures and Targets**
5. **Human Resource Plan**
6. **Financial Plan**

See Appendix C, page 26 for a checklist of the required components.

1. **Statement of Accountability**

   The statement of accountability is signed by the Chair of the Student Health Partnership on behalf of the Partnership, confirming that all partners:

   **1.1** have had the opportunity to participate in the development of the plan and have indicated to the Partnership their agreement with the Service Plan

   **1.2** have made a commitment to carry out the terms and conditions of the Service Plan to the best of their ability

   **1.3** have made a commitment to the Partnership to maintain their 1998/1999 service levels of expenditure on Student Health services

   **1.4** have had the opportunity to participate in the development of a accessible parent/guardian dispute plan

Note: This section must include a list of all the partners for which the Chair of the Student Health Partnership is signing. The requirement for partners to maintain their baseline expenditures remains in place; however, this is no

longer monitored at the provincial level. Partnerships are expected to determine an appropriate mechanism to hold one another accountable for maintaining baseline expenditures.

**What is the Chair of the Partnership's responsibility in signing the Statement of Accountability on behalf of the Partnership?**
The Chair must ensure that the Partnership has a process in place that documents each partner's commitment to the components of the Statement of Accountability (e.g., minutes of a Partnership meeting).

2. **Student Health Partnership Profile**
   The profile must include the:
   - **2.1** operating name and mailing address of the Student Health Partnership
   - **2.2** names of designated contact(s), to a maximum of four, for public and media inquiries, including address, phone number, fax and e-mail address
   - **2.3** identification of the school jurisdiction that is designated as the recipient ("the Banker") for the Partnership's funding allocation including the name, address, phone number, fax and e-mail address of a contact person

3. **Student Health Service Priorities**
   - **3.1** The service priorities, based on an assessment of Student Health needs and service gaps, must identify:
     - the eligible Student Health services that will be addressed in this Student Health Partnership Service Plan, and
     - any parameters developed be the Partnership to exclude eligible students to make the most effective use of SH resources

**What are examples of priorities a Partnership may have set?**
Partnerships may have a variety of priorities in place. Some examples include:

- Speech-language therapy services will be provided only to students registered in ECS to grade 4.
- Assessment and consultation services in eligible Student Health service categories will only be provided where no other resource is available.
- Priority for providing services will be students with mild/moderate disabilities.

## 4. Outcomes, Indicators, Measures and Targets

A Provincial Task Group has developed a standardized accountability framework that includes Student Health goals, outcomes, indicators, measures and data source. Based on Partnership input, the Task Group developed, piloted and refined drafts and piloted data-gathering tools for parents/guardians, service providers, and partners. All Partnerships are to use this framework in gauging their progress consistently towards established goals and outcomes. (See Appendix F, page 42 for Accountability Framework.) In using this framework, Partnerships will have the information they need to establish annual targets starting in this service year. Please note the following definitions were used by the task group in developing the framework components:

| | |
|---|---|
| Accountability Framework | The *accountability framework* is the structure used to articulate the purpose of the organization or program/project; what the organization expects to accomplish as an organization or through a particular program/project; the means to be used in accomplishing what is expected; and the performance indicators and measures to be used that can demonstrate results have been achieved as expected. |
| Goal | • "The end toward which effort is directed."<br>• Broad, issue-oriented statements of intent that look towards the long-term and focus actions in support of the organization's vision and mission. |
| Expected Outcome | The specific, measurable results that are evident after having achieved the goal(s) that the organization seeks to achieve.<br>In broad terms, answers the question: "What will it look like when we get to where we want to be?" |
| Performance Indicator | • A criterion used to assess performance relative to a goal or expected outcome.<br>E.g.: *Client satisfaction* |
| Performance Measure | • "A measured quantity."<br>• The metric used to track performance relative to a specific goal or expected outcome and associated with the respective indicator.<br>E.g.: *The % of clients who answer "fully satisfied" or "satisfied" to the question "Are you satisfied with information provided?"* |
| Performance Target | • "A mark to shoot at."Measurable levels of performance to be attained by a certain time<br>E.g.: *At least 80% of clients will be "fully satisfied" or "satisfied" by (insert date/year)* |

**How does the Accountability Framework support "continuous improvement" and how does it affect the development of the Partnership Service Plan?**

The Accountability Framework and all related processes support continuous improvement. This involves establishing goals, outcomes, performance indicators and measures, monitoring progress, evaluating results, setting targets based on results information, and determining how improvements in performance can be made in order to achieve pre- established goals and outcomes.

When developing the 2012/2013 Service Plan, Partnerships should examine the progress made (to date) towards realizing their goals and outcomes. This can be accomplished by reviewing the performance measurement data gathered for the 2011/2012 school year. The Partnership should consider questions such as:

- Are our targets being met?
- What factors have contributed to our achievement of these targets and/or what factors have posed barriers to achieving these targets?
- For the 2012/2013 school year, how can we build on factors that have created success?
- For the 2012/2013 school year, how can we address barriers that have inhibited success?
- What targets should we set for next year that are realistic or achievable while challenging us to improve?

**NOTE:** Responses to the first two questions would provide input when developing the Partnership's Annual Report. This will help to provide contextual background information for the results achieved.

**4.1 Number of students served with SH funds**

Identify the target number of students with special health needs the Partnership plans to serve with **enhanced** SH funds in each eligible service category. Targets should be set for the number of students to be served, not the number of services to be delivered within each category. For example:

- If the Partnership plans to provide the funding for one of the partners to deliver speech-language therapy services from both an SLP and a Communication Disorder Assistant/Speech Language Pathology Assistant to a student, this would be counted as "one student to be served" under speech-language therapy services.
- If the Partnership plans to deliver SLP, OT and PT services to a student, this would be counted as "one student to be served" in each of these three service categories.

**Teacher's Survey:**
**How should Partnerships collect information for the classroom teacher ratings of efficiency and effectiveness?**
Partnerships must ensure that the survey is completed by teachers who have students with special health needs. Other teachers will not find the questions relevant.

Partnerships should use the same methodology each year to enhance comparability.

Partnerships should conduct the survey in such a manner to establish a large enough sample size so that responses are reliable and valid.

Some options for conducting the survey include:
- incorporating the six required rating statements in another survey a Partnership is conducting with teachers
- using the sample survey as a stand-alone tool

Teachers must respond to all six questions in order to ensure the validity of the results.

Partnerships may wish to enhance the survey to enable teachers to comment on the rating statements for different categories of eligible Student Health services. This could be done by adding questions to the survey or asking teachers to complete a different survey for each of the service categories. Partnerships will only be required to report the overall (total) responses to each of the rating statements.

The teacher survey must include six required rating statements. A sample survey that includes the required statements and the required ratings is attached as Appendix D1 (page 28). Partnerships may wish to use this sample survey or may use another strategy to obtain the ratings on the required statements. However, as noted earlier, the statements themselves cannot be altered to ensure consistency across all Partnerships. Partnerships must set targets for each of these rating statements, stating the percentage of teachers who will agree or strongly agree with each statement. The minimum target for each of the six ratings is 60%.

**Parent/Guardian Survey:**
**How should Partnerships collect information for the parent/guardian ratings of efficiency and effectiveness?**
Partnerships are required to conduct surveys of parents/guardians who have children with special health needs who receive Student Health services and report on these results annually. This survey is intended to gather information about parent/guardian perceptions of the efficiency and effectiveness of Student Health services.

The parent/guardian survey must include seven statements that require rating. A service provider can provide the parents/guardians with the survey and explain the need for the information. A sample survey and instructions for completion that includes the required statements and the required ratings is attached as Appendix D2 (page 30). Partnerships may wish to use this sample survey or may use another strategy to obtain the ratings on the required statements. However, the statements themselves cannot be altered; they must be used as seen in order to ensure consistency across all Partnerships. Partnerships must set targets for each of these rating statements, stating the percentage of parents/guardians who will agree or strongly agree with each statement. The minimum target for each of the seven ratings is 60%.

**Survey Provider Survey:**
**How should Partnerships collect information for the service provider ratings of efficiency and effectiveness?**

Partnerships are required to conduct a two part annual survey of health service providers who work with students with special health needs. This survey is intended to gather information about service provider perceptions of the efficiency and effectiveness of Student Health services.

Part one of the service provider survey must include seven statements that require ratings. Partnerships may wish to use the sample or may use another strategy to obtain the ratings on the required statements. Partnerships must set targets for each of the rating statements, stating the percentage of service providers who will agree or strongly agree with each statement. The minimum target for each of the seven ratings is 60%.

In Part two of the measure, Partnerships are to measure Student Health service goal achievement and/or depending on the service model implemented, students benefitting from recommendations made. A Tip Sheet in collecting data on these goals and recommendations can be found in Appendix D4 (35). A sample survey and instructions for completion that includes the required statements and the required ratings for parts one and two is attached as Appendix D3 (page 32 and 33).

**Other Representative Survey:**
**How should Partnerships collect information for the partner representative ratings of collaboration, efficiency and effectiveness?**

Partnerships are required to conduct an annual survey of representatives of partner organizations within a Student Health Partnership. This survey is intended to gather information on partner representative perceptions of the collaboration, efficiency and effectiveness of Student Health services.

The partner representative survey must include five statements that require rating. A sample survey and instructions for completion that includes the required statements and the required ratings is attached as Appendix D5 (page 37). Partnerships may wish to use this sample survey or may use another strategy to obtain the ratings on the required statements. However, as noted earlier, the statements themselves cannot be altered; they must be used as seen in order to ensure consistency across all Partnerships. Partnerships must set targets for each of these rating statements, stating the percentage of partners who will agree or strongly agree with each statement. The minimum target for each of the five ratings is 60%.

**5. Human Resource Plan**

**5.1** Identify the necessary human resources required to implement the Student Health Partnership Service Plan.

- This section must be congruent with Form 1 Page 1 (see Appendix E, page 38), which identifies eligible service categories, and expenditures on salaries and benefits and other service delivery costs.
- There is no need to duplicate the information provided in Form 1.

**5.1.1** In the provided Human Resource Plan, provide information to supplement Form 1 Page 2, (see Appendix E, page 38), describing the position titles of the personnel hired/contracted to provide each eligible service under the professional and paraprofessional designations (see example of Human Resource Plan on page 15).

**5.1.2** On the Human Resource Plan, identify which partner is employing/ contracting which personnel (see example of Human Resource Plan on the page 15).

**5.2** Describe briefly how the human resource plan will result in a service delivery model that leads to better coordinated and integrated Student Health services across the Student Health Partnership.

# Example of Human Resource Plan

| Eligible Student Health Service Need Category | Position Title for Each Professional | Position Title for Each Paraprofessional | Indicate Which Partner is Employing/Contracting Each Professional/Paraprofessional |
|---|---|---|---|
| Speech-language Therapy | 5 Speech-language Pathologists | 18 Communication Disorder/Speech Language Pathology Assistants | 5 Speech-language Pathologists employed by XYZ Alberta Health Services<br>10 Communication Disorder/SLP Assistants employed by PPQ School Jurisdiction<br>6 Communication Disorder/SLP Assistants employed by FGH School Jurisdiction<br>1 Communication Disorder/SLP Assistant employed by ABC ECS Operator<br>1 Communication Disorder/SLP Assistant employed by LMN Private School |
| Physical Therapy | | | |
| Occupational Therapy | | | |
| Audiology | | | |
| Respiratory Therapy | | | |
| Nursing Care | | | |
| Emotional/ Behavioural Supports | 1 Mental Health Therapist<br>2 Behavioural Consultants | | 1 Mental Health Therapist employed by the Alberta Health Services<br>2 Behavioural Consultants employed by the PDQ School Jurisdiction |
| Teaching Assistants | | 17 Teaching Assistants | 13 Teaching Assistants employed by FGH School Jurisdiction<br>3 Teaching Assistants employed by PDQ School Jurisdiction<br>1 Teaching Assistant employed by LMN Private School |
| Other | | 3 Family/School Liaison Workers | 2 Family/School Liaison Workers employed by ABC Child and Family Services Authority<br>1 Family/School Liaison Worker on contract with PDQ School Jurisdiction |

**What are some good risk management practices for partners to incorporate?**

Student Health Partnerships share decision-making over the use of pooled resources. However, individual partners implement the decisions by employing or contracting with eligible service providers. While Partnerships are not legal entities themselves, they can take measures to assist partners in employing good risk management practices. Partners should consider the following:

- Partners who are recipients of SH funds and employ staff to deliver Student Health services are responsible for those staff, just as they are responsible for any of their other employees.
- Employers of SH funded staff need to ensure appropriate supervision of staff working in the school setting. Clinical and administrative supervision are important components of supervision. Appropriate qualifications to supervise the clinical component of practice are important to reduce risk related to staff performance.
- Performance appraisals can be a shared responsibility between the employer and designated personnel from the school setting, in order to facilitate both clinical and administrative supervision. These arrangements are best articulated in writing to ensure effective and safe practice within the school setting.
- Written guidelines for a communication process among all parties is also a critical factor in good risk management practices.

**6. Financial Plan**

Alberta Education, on behalf of the provincial government partners, allocates Student Health funding to Partnerships according to Partnership funding profiles, on a school-year basis.

The Student Health funding must be pooled and used as a shared resource by the Partnership to address priority Student Health needs, as identified in the Student Health Partnership Service Plan Budget Report. Pooled/shared resources are allocated to the Partnership as a whole according to the Partnership's funding profile, which identifies student enrolment reported to Alberta Education by all school authorities for the geographic area of the Partnership along with Health and Wellness data on the effect of distance and socio-economic factors in the geographic area of the Partnership. As resources for a common purpose, the funds do not belong to any one partner (see Appendix B, pages 20–25 for more information).

The financial plan must be submitted as part of the Student Health Partnership Service Plan and demonstrate accountability by projecting a budget (revenues and expenses) for Student Health service delivery.

**Can the Partnership's projected budget include unassigned/ unallocated funds ?**

Sound accountability practice recommends that all SH revenue be assigned to eligible Student Health expenditures in the projected budget when the Service Plan is submitted for review and approval. Unassigned funds of no more than 5% of the SH service delivery allocation can be identified on Form 1 page 33.

**6.1** Form 1—Service Plan Budget Report (see Appendix E, pages 38)

- The Student Health Partnership must complete and submit this form (pages 1 and 2) as part of the Student Health Partnership Service Plan.
- Form 1 (Page 1) identifies the Partnership's projected revenues, expenses, and unexpended funds.
- Form 1 (Page 2) includes Schedule 1–Budgeted service delivery costs and Schedule 2–Projected administration spending carried forward.
- Surplus funds (including interest earned on SH funds) can be carried forward to the next Service Plan year, but deficits are not permitted.
- Surplus funds should be carried forward on each budget line and only spent for that purpose. For example, unused funds in one-time or start-up costs can be used for this purpose in subsequent years.
- Partnerships may reallocate surplus administrative and start-up funds to service delivery, but service delivery surplus cannot be assigned to administrative or start-up costs.
- Any interest earned on SH funds is to be identified and used for service delivery.

**6.2** Provide any additional information that strengthens the linkage between financial information and the Service Plan.

7. **Submission and Approval of Service Plan**

The Student Health Partnership Service Plan is annually developed for September 1 to August 31.

As the Service Plan is developed for each new Service Plan year, progress relating to actions will be monitored, results will be evaluated and reported, and areas for continuous improvement will be identified by the Student Health Partnership.

The Service Plan must be submitted to the Provincial Student Health Coordinator no later than June 30, 2012.

Release of the first payment (7/12) of the funding allocation will occur at the start of the 2012/2013 school year once the information submitted by June 30, 2012 has been reviewed for compliance with Student Health principles and policy and the inclusion of all required components and approved.

**Who can provide assistance to the Partnerships?**
The Student Health Provincial Coordinator is available to meet with Partnerships to provide information and ongoing support.

# Annual Report for 2011/2012

Please refer to the companion document – *Student Health Partnership: Annual Report Guidelines for 2011/2012*.

The annual report for the 2011/2012 school year is due **November 30, 2012**.

# Student Health Principles

Government endorses the following principles to guide the planning, delivery, and funding of Student Health services.

- Children with special health needs receive the health and related support services they need to participate fully in education programs to attain their potential and be successful in their school programs.
- Children and families are involved in decisions regarding the provision of Student Health services.
- Student Health services involve joint planning, collaboration, and flexibility at all levels.
- Student Health services are based on assessed needs and provided to achieve specific results.
- Alberta Education, Health and Wellness, and Children and Youth Services will ensure resources are available for Student Health services.
- Student Health Partnership Service Plans at the local level must commit to 1998/1999 service levels of expenditures for Student Health and show how Student Health and baseline funding are consolidated to provide overall Student Health services.
- Student Health services are organized to make the most efficient and effective use of Student Health funding and baseline resources.
- School authorities, regional health authorities, and child and family services authorities share accountability for Student Health services.
- Partnerships must have an accessible parent/guardian dispute plan.

# Student Health Funding

Student Health provides annual funding to **enhance** the provision of a range of integrated health related services so that children with special health needs are better able to learn at school. The funding is separate from the education funding provided to school authorities for students with special needs, as described in Alberta Education's *Funding Manual for School Authorities*.

Any increase to the total provincial SH funding is allocated separate from other education funding. Therefore, in any given year, the percentage increase for SH may be different than the percentage increase for basic instruction. In addition, the amount of the total SH funding for the upcoming school year can be calculated only after the provincial budget is announced in the preceding spring.

Alberta Education, on behalf of the provincial government partners, administers the SH funding to Partnerships, according to Partnership profiles, on a school-year basis. The components of the profile include student enrolment from the previous school year for all students registered in school programs with Alberta Education (ECS through grade 12) in the geographic area of the Partnership. The components also include Health and Wellness data on the effect of distance and socio-economic factors in the geographic area of the Partnership. (A more detailed description of the funding distribution model can be found in Alberta Education's *Funding Manual for School Authorities*.)

The Student Health funding must be pooled and used as a shared resource by the Partnership to address priority Student Health needs as identified in the Student Health Partnership Service Plan. Pooled/shared resources are allocated to and used by the Partnership as a whole. As resources for a common purpose, they do not belong to any one partner.

**All partners** are expected to be involved in decisions relating to the use of the pooled funding, based on the approved Student Health Partnership's Service Plan.

## Maintaining 1998/1999 Levels of Expenditure (Baseline)

Each partner is required to maintain its 1998/1999 service level of expenditure on health related services. However, the types and levels of services and supports offered by a partner may change as a result of the Student Health Partnership Service Plan. The Partnership can discuss different ways of addressing health related services needs with their resources.

# Release of Funds

Upon government's approval of the Student Health Partnership Service Plan, Alberta Education releases the Student Health funding allocation to the school jurisdiction designated by the Partnership as the "banker" to receive and administer the funds allocated on behalf of the Partnership. The first payment (7/12) of the funding allocation will occur at the start of the 2012/2013 school year once the information submitted by **June 30, 2012** has been reviewed for compliance with Student Health principles and policy and the inclusion of all required components.

Government approval of release of the Student Health funding is contingent upon joint commitment of all partners in the Student Health Partnership to:

- use the funding for health and related support services for children with identified special health needs registered in school programs to be successful in their school programs
- maintain 1998/1999 service levels of expenditure on health related services, with the flexibility for partners to allocate other funds to support integrated Student Health services
- consolidate Student Health resources to improve the provision of Student Health services
- report annually on achievement of results and the allocation of Student Health funding
- use any Student Health surplus funds for Student Health services only
- jointly manage Student Health services, at the local level, based on the approved Student Health Partnership Service Plan

# POOLED STUDENT HEALTH FUNDING

**How Student Health Funding and Baseline Resources May Be Consolidated**

**BASELINE FUNDING**
(Expenditures by partners for 1998/1999 baseline)

- Each partner commits to maintaining its 1998/1999 service expenditures on Student Health services:
  - Child & Family Services Authority
  - Alberta Health Services
  - School Jurisdictions
  - Private Schools
  - Private ECS Operators
  - Charter Schools

**STUDENT HEALTH FUNDING**

- Funding accessed by Student Health Partnership based on Service Plan. (Amount is based on student enrolment count, student characteristic, distance and socio-economic profile of the partnership)

**DISCUSSIONS WITH STUDENT HEALTH PARTNERSHIP**

- The Student Health Partnership can discuss different ways of addressing health related needs with baseline resources.

**DECISIONS BY STUDENT HEALTH PARTNERSHIP**

- The Student Health Partnership decides how the pooled funding is spent

**STUDENT HEALTH PARTNERSHIP SERVICE PLAN**

- Reflects how Student Health and baseline funding are allocated to meet Student Health priorities.

# Questions and Answers

**How is funding allocated for alternative programs?**

Students who are registered with school authorities in alternative programs are counted in the SH funding allocation through the school authority where they are registered. The SH funds are provided to the Partnership to which that authority belongs. Each Partnership is responsible for considering the Student Health needs of any student registered with its school authority partners who live in another region of Alberta.

In addition, before registering a student, the school authority is responsible for ascertaining whether the child has a Student Health need and for fully informing the parents about the availability and accessibility of Student Health services for their child so they can make an informed choice about registering with that authority.

It is not practical in most cases for a school authority that delivers alternative programs for students across the province to join multiple Partnerships in order to access Student Health services for a small number of students. It is more reasonable to consider this option if there are several students in one area.

Partnership SH funds can be allocated for the purpose of purchasing services from private contractors or from the Partnership in the community where a student lives. If the Partnership wants to purchase services for a student from another Partnership, it should determine with that Partnership how best to obtain the needed services. Options for obtaining the needed services could include:

1. "contribution in kind" provision of service with the understanding that this would be a reciprocal arrangement; or
2. negotiation of a "fee for service" between the two Partnerships

Student Health services that are offered by various authorities should be accessible to residents of their communities, regardless of where a student is registered for a school program (e.g., a student living in central Alberta who is registered in a home education program in southern Alberta should have the same access as any other student with similar needs and grade level to baseline speech-language services from the Alberta Health Services).

The responsible Partnership, on behalf of a student, could purchase a service that is not offered by the local authorities as part of their mandated/baseline student health services (e.g., psychological assessment).

**How do newly approved school authorities that have not been identified in the Partnership's funding profile participate in a Student Health Partnership?**

Smaller school authorities newly approved by Alberta Education need to contact the Student Health Partnership in their communities to become partners. It does not matter that they have not been identified in a Partnership's funding profile. All identified children with special health needs who are registered in school programs funded by Alberta Education from Early Childhood Services (ECS) to grade 12 are eligible.

NOTE: The funding profile is based on school authorities, not on individual schools. If an individual school changes Partnerships it is unlikely to affect the overall SHPs funding allocation profile to any great extent.

**Once government announces the percentage increase to the total SH funding for the upcoming school year, can my Partnership assume it will receive that same percentage increase over our previous year allocation?**

The amount of funding an individual Partnership receives is calculated by applying the funding distribution model to the Partnership's profile each year. Changes to your profile may result in changes to your Partnership's proportion of the total provincial funding. Additionally, changes to the profiles of other Partnerships may also result in changes to your proportion of the total provincial funding. For instance, even though your total enrolment may stay the same, it is possible that your proportion of the total provincial enrolment could decrease if other Partnerships experience enrolment increases.

**Will the implementation of the Francophone Student Health Service Delivery Model impact funding for SHPs?**

The Francophone Student Health Service delivery model is different than a Student Health Partnership. Accordingly, the Francophone school authorities will continue as partners in the SHPs based on their geographic boundaries. The SHP Funding allocation profiles will continue to include those school authorities.

**Will Francophone students continue to receive services from the SHPs where they reside?**

If students meet the eligibility criteria for services provided in the SHP, they may continue to have access to those services. For example, a student requiring nursing services at school may not be able to access this through the Réseau but could do so through their SHP.

**What additional information is available to support the implementation of the new Student Health Service Plan Budget Report?**

The reference notes identified numerically on Form 1 Page 1 (page 40) of the Service Plan Budget Report are explained in Appendix E, Form 1, Page 3 (page 40-41).

You may also contact the Provincial Coordinator:
Telephone: (780) 422-6502 (Toll-free in Alberta by dialling 310–0000)
Fax: (780) 422-2039
E-mail: heather.dechant@gov.ab.ca

# Required Components of the Service Plan

1. **Statement of Accountability**
   The statement of accountability is signed by the Chair of the Student Health Partnership on behalf of the Partnership confirming that all partners (School Jurisdictions, Alberta Health Services, Child and Family Services Authority(ies) and other School Authorities such as Charter Schools, Private Schools and Private ECS Operators):
   - ☑ have had the opportunity to participate in the development of the plan and have indicated to the Partnership their agreement with the Service Plan
   - ☑ have made a commitment to carry out the terms and conditions of the Service Plan to the best of their ability
   - ☑ have made a commitment to the Partnership to maintain their 1998/1999 service levels of expenditure on Student Health services
   - ☑ have ensured there is a accessible, parent/guardian dispute process in place
   - ☑ This section must include a list of the partners for which the Chair is signing.

2. **Student Health Partnership Profile**
   - ☑ operating name and mailing address of the Student Health Partnership
   - ☑ names of designated contact(s), to a maximum of four, for public and media inquiries (address, phone number, fax, and e-mail)
   - ☑ identify the school jurisdiction designated as "the banker" to receive the funds on behalf of the Partnership including the name, address, phone number, fax and e-mail address of a contact person

3. **Student Health Service Priorities**
   Based on an assessment of Student Health needs and service gaps, service priorities must identify:
   - ☑ the eligible Student Health services that will be addressed in this Service Plan
   - ☑ any parameters developed by the Student Health Partnership to exclude eligible students to make the most effective use of SH resources

4. **Outcomes, Indicators, Measures and Targets**
   In the Service Plan year, the required *performance measures* help gauge progress being made towards pre-established goals and outcomes and help Partnerships set targets for:
   - ☑ number of students served with SH funds
   - ☑ classroom teacher, parent/guardian and service provider ratings of efficiency and effectiveness
   - ☑ service provider ratings of students' achievement of service goals and/or benefiting from recommendations
   - ☑ partner ratings of collaboration and effectiveness

5. **Human Resource Plan**
   - ☑ identify the necessary human resources required to implement this Service Plan
   - ☑ in a Human Resource Plan, describe the position titles of the personnel hired to provide each eligible service under the professional and paraprofessional designations
   - ☑ in a Human Resource Plan, identify which partner is employing/contracting which personnel

- ☑ Briefly describe how the human resource plan will lead to better coordinated/integrated services

6. **Financial Plan**
   - ☑ Complete and submit Form 1 – Pages 1 and 2 (Appendix E, page 38 and 39).
   - ☑ Provide any additional financial information

# Student Health

# Classroom Teacher Survey 2012/2013

This survey asks questions about the Student Health services provided to your students with special health needs. Completing this survey is voluntary and you may choose not to answer any of the questions. All responses that you provide will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*.

To maintain anonymity, please do not write your name on the survey.

**Terminology**

By **"special health needs"** we mean physical disabilities, developmental delays and/or disabilities, neurological disorders, sensory impairments, medical conditions and/or emotional/behavioural challenges.

By **"Student Health services"** we mean health and related support services that help these students be successful in their school programs.

- Examples of Student Health services include speech-language therapy, occupational therapy, physical therapy, respiratory therapy, audiology, clinical nursing services, and emotional/behavioural supports.
- We **do not** mean special education services nor services intended to benefit all learners, such as drug or alcohol prevention programs, bully proofing, school health nursing, or nutrition programs.

**Part 1:**

Please rate the degree to which you agree with the following statements regarding the Student Health services provided to your students with special health needs during the **current school year**. Place a check in the appropriate box.

| | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| 1 | For each of my students with a special health need, a Service Plan* is in place to provide Student Health services. | | | | |
| 2 | It is easy to refer students for Student Health services. | | | | |
| 3 | Student health services are provided within a reasonable time** after a referral. | | | | |
| 4 | The Student Health services that my students need are available. | | | | |
| 5 | The Student Health services have improved my students' ability to be successful in their school program. | | | | |

* A "Service Plan" is one that sets clear goals for the Student Health service related to the student's ability to participate successfully in their school program.

** A "reasonable time" from referral to service provision is the amount of time it took to process the referral, develop a service plan and initiate service delivery.

**Part 2:**

Did your student(s) require more than one Student Health service? (Circle) YES / NO

If you answered YES, please complete the following question.

| | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| 1 | If my student(s) needed more than one Student Health service, the various services were well coordinated. | | | | |

# Student Health

# Parent/Guardian Survey
## 2012/2013

Completing this survey is voluntary and you may choose not to answer any of the questions. All responses that you provide will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*.

To maintain anonymity, please do not write your name on the survey.

### Terminology

By **"special health needs"** we mean physical disabilities, developmental delays and/or disabilities, neurological disorders, sensory impairments, medical conditions and/or emotional/behavioural challenges.

By **"Student Health services"** we mean health and related support services that help these students be successful in their school programs.

- Examples of Student Health services include speech-language therapy, occupational therapy, physical therapy, respiratory therapy, audiology, clinical nursing services, and emotional/behavioural supports.
- We **do not** mean special education services, nor services, intended to benefit all learners, such as drug or alcohol prevention programs, bully proofing, school health nursing, or nutrition programs.

***Note to Service Provider***: Please check off the main health service that was provided to this student.

- Rehabilitation Services:
  - ☐ Occupational Therapy
  - ☐ Physical Therapy
  - ☐ Respiratory Therapy
  - ☐ Speech-Language Therapy
  - ☐ Nursing
  - ☐ Audiology
  - ☐ Other (Please specify): _____
- Emotional/Behavioural Services:
  - ☐ Family School Wellness/Liaison
  - ☐ Mental Health Therapy
  - ☐ Other (Please specify)

**Part One:**
Please rate the degree to which you agree with the following statements regarding the health services provided to your child during the current school year. Place a check in the appropriate box.

| | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| 1 | I was included in the development of the Service Plan* for my child. | | | | |
| 2 | The referral process was easy. | | | | |
| 3 | The health service was provided within a reasonable time** after the referral. | | | | |
| 4 | The health services that my child needs are available. | | | | |
| 5 | The health service has improved my child's ability to be successful in his/her school program. | | | | |
| 6 | I had sufficient contact and communication with the health service provider. | | | | |
| 7 | Overall, I am satisfied with the health service that my child received. | | | | |

* A "Service Plan" is one that sets clear goals for the health service related to the student's ability to be successful in his/her school program.

** A "reasonable time" from referral to service provision is the amount of time required to process the referral, develop a service plan and initiate service delivery.

**Part Two:** Did your child require more than one health service? (Circle) YES / NO
If you answered YES, please complete the following additional question.

| | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| 1 | If my child needed more than one health service, the various services were well coordinated. | | | | |

Please return this survey to _____ by _____.
(Contact person) (Date)

Thank you for taking the time to participate.

# Student Health

# Service Provider Survey
## 2012/2013

As a Student Health service provider, you are invited to participate in the following surveys designed to assist in improving Student Health services.

Only professional service providers and not assistants/paraprofessionals (for example: OT Assistants or Teacher Assistants) are being asked to complete this survey and return it in the postage paid envelope provided.

You may choose not to answer any of the questions. All responses will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*.

To maintain anonymity, please do not write your name or the name of your organization on the survey. Please complete these surveys **only** if you have provided services to students who have special health needs that affect their ability to be successful in their school programs.

### Terminology

By **"special health needs"** we mean physical disabilities, developmental delays and/or disabilities, neurological disorders, sensory impairments, medical conditions and/or emotional/behavioural challenges.

By **"Student Health services"** we mean health and related support services that help these students be successful in their school programs.

- Examples of Student Health services include speech-language therapy, occupational therapy, physical therapy, respiratory therapy, audiology, clinical nursing services, and emotional/behavioural supports.
- We **do not** mean special education services, nor did services intend to benefit all learners, such as drug or alcohol prevention programs, bully proofing, school health nursing, or nutrition programs.

***Note to Service Provider***: Please check off the main health service that was provided to this student.

- Rehabilitation Services:
  - ☐ Occupational Therapy
  - ☐ Physical Therapy
  - ☐ Respiratory Therapy
  - ☐ Speech-Language Therapy
  - ☐ Nursing
  - ☐ Audiology
  - ☐ Other (Please specify): _____

- Emotional/Behavioural Services:
  - ☐ Family School Wellness/Liaison
  - ☐ Mental Health Therapy
  - ☐ Other (Please specify)

**Part One:**
Please rate the degree to which you agree with these statements about the Student Health services you provided to relevant students during the **current school year**.

| | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| 1 | I contribute to the development of Service Plans* for students. | | | | |
| 2 | The referral information I receive provides me what I need to provide Student Health services to students. | | | | |
| 3 | I am able to provide Student Health services within a reasonable time** after the referral. | | | | |
| 4 | The Student Health services that students need are available. | | | | |
| 5 | The students achieved their service goals. | | | | |
| 6 | For students who need more than one Student Health service, the various services are well coordinated. | | | | |
| 7 | I am satisfied with the level of teamwork among the students, parents, teachers and service providers. | | | | |

* "Service Plans" set clear goals for the Student Health service related to the student's ability to be successful in his/her school program.
** A "reasonable time" from referral to service provision is the amount of time required to process the referral, develop a service plan and initiate service delivery.

**Part Two:**
This measure will help assess whether students who completed services met their goals and/or benefited from service provider recommendations. Partnerships are required to set targets and learn from the results. Partnerships are required to report on their data.

1. The total number of students who completed a service between July 1, 2012 and June 30, 2013.
2. Of those students who completed a service between July 1, 2011 and June 30, 2012, following tables. You may complete **one or both** depending on the service model.

If students' **goals** were set:

| | |
|---|---|
| Number of students who met **all** (100%) of their goals | ___number of students |
| Number of students who met **most** (75%–99%) of their goals | ___number of students |
| Number of students who met **some** (50%–74%) of their goals | ___number of students |
| Number of students who met **few** (1%–49%) of their goals | ___number of students |
| Number of students who met **none** (0%) of goals | ___number of students |

If **recommendations** were proposed:

| | |
|---|---|
| Number of students who benefited from **all** (100%) of the recommendations | ___number of students |
| Number of students who benefited from **most** (75%–99%) of the recommendations | ___number of students |
| Number of students who benefited from **some** (50%–74%) of the recommendations | ___number of students |
| Number of students who benefited from **few** (1%–49%) of the recommendations | ___number of students |
| Number of students who met **none** (0%) of the recommendations | ___number of students |

# Student Health Services Provider Quantitative Measure

## TIP SHEET

Purpose:
This measure will help assess whether students who completed services and depending on the service model, met their goals and/or benefited from service provider recommendations.

This measure is NOT intended to evaluate the work of individual professionals; professionals are not required to identify themselves on the reporting form. All data will be aggregated in a report format by the local Student Health Partnership Coordinator and submitted to the Student Health Provincial Office, Alberta Education, as a component of the Annual Report.

Definitions:

*Completion of service*: Completed service events from a Student Health provider within the school year (September to June)

*Goals/objectives*: Therapy goals and objectives set by a Student Health professional for a student receiving service – these are concrete and attainable and are meaningful to educators and parents

*Recommendations*: Recommendations proposed to a classroom teacher by a Student Health professional for a student receiving service – these are clear and specific as they are to be carried out by others

Process:

- This form is to be completed by every professional setting goals and or providing Student Health services to students who have special health needs in: emotional/behaviour, speech language pathology, occupational therapy, physical therapy, and respiratory therapy
- As per common practice, goals and/or recommendations are set by the professional for each child commencing service
- At the time of completion of service, and depending upon the situation, the professional determines how many of the:
  At the end of the school year, the professional tally the results for all discharged students,
  - goals were achieved by the student
  - recommendations were beneficial to the student *as reported by the student's teacher*
- completes the Student Health Services Provider Quantitative Measure Reporting Form and submits the form to his/her SH Coordinator
- At the end of the school year, the professional tally the results for all discharged students, completes the Student Health Services Provider Quantitative Measure Reporting Form and submits the form to his/her SH Coordinator.

Implementation Tips (from professionals who have piloted the measure in other regions):

- When the assessment report is provided, inform the teacher that they will be contacted at a later date to ascertain how many of the recommendations were useful. Teachers will be more attentive to follow through on suggestions and prepared to offer feed-back when contacted.
- Ensure that collecting information on goals/achieved and recommendations/beneficial becomes an integral part of the completion of service process; this eliminates going back through old files and reports at the end of the year.
- While setting goals/recommendations for each child commencing service is not a new practice, compiling and submitting the results to the SH Coordinator may be. Therefore, it may be helpful for SHPs to design a common tally sheet that can be used to keep a running total throughout the school year. This will eliminate the need for an "end of the year file review."

# Student Health

# Partner Survey

## 2012/2013

You have been given this survey to complete because you are a representative of a partner organization within a Student Health Partnership. Your participation is voluntary and you may choose not to answer any of the questions. All responses that you provide will be managed in accordance with the *Freedom of Information and Protection of Privacy Act*.

To maintain anonymity, please do not write your name or the name of your partner organization on the survey.

### Terminology

By **"special health needs"** we mean physical disabilities, developmental delays and/or disabilities, neurological disorders, sensory impairments, medical conditions and/or emotional/behavioural challenges.

By **"student health services"** we mean health and related support services that help these students be successful in their school programs.

- Examples of Student Health services include speech-language therapy, occupational therapy, physical therapy, respiratory therapy, audiology, clinical nursing services, and emotional/behavioural supports.
- We **do not** mean special education services, nor services intended to benefit all learners, such as drug or alcohol prevention programs, bully proofing, school health nursing, or nutrition programs.

Please rate the degree to which you agree with the following statements regarding Student Health services provided by your partnership during the **current school year**. Place a check in the appropriate box.

| | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| 1 | For students who need more than one Student Health service, the various services are well coordinated. | | | | |
| 2 | Partners plan collaboratively. | | | | |
| 3 | Partners make decisions collaboratively. | | | | |
| 4 | Partner funded and Student Health funded services are well integrated. | | | | |
| 5 | The Student Health services improve students' abilities to be successful in their school programs. | | | | |

Please return this survey to _____ by _____.
(Contact person) (Date)

Thank you for taking the time to participate.

# Service Plan Budget Report

**(Name of Student Health Partnership)**

**Budgeted Statement of Operations for the Year Ended August 31, 2013**

| | 2012/2013 Budget | 2011/2012 Budget | 2010/2011 Actual |
|---|---|---|---|
| Revenues *(Note 1)* | | | |
| Annual SHP funding allocation | | | |
| Supplemental funding allocations | | | |
| Interest income | | | |
| Other Revenue | | | |
| **Total Budgeted Revenue** | **$ -** | **$ -** | **$ -** |
| Expenses **(Note 2)** | | | |
| Service Delivery Costs – Schedule 1 *(Note 3)* | | | |
| Professional Human Resource Costs | | | |
| Para-professional Human Resource Costs | | | |
| Other Human Resource Costs | | | |
| Other Service Delivery Costs | | | |
| *Total service delivery costs* | $ - | $ - | $ - |
| Administration Costs *(Note 4)* | | | |
| **Total Expenses** | **$ -** | **$ -** | **$ -** |
| **Net Revenue over Expenses** | **$ -** | **$ -** | **$ -** |
| Unexpended Funds at Beginning of Year – Projected *(Note 5)* | | | |
| Unexpended Funds at End of Year – Projected *(Note 6)* | | | |

**Chair Declaration**

This budget was approved by the Partnership at its meeting held _____ (Date)

Signature of Chair of Partnership: _____

Print Name of Chair of Partnership: _____ Date: _____

# Service Plan Budget Report

(Name of Student Health Partnership)

**Schedule 1 - Budgeted Service Delivery Costs for the Year Ended August 31, 2013**

| Program Area | # of FTEs to be Hired with SHP Funds | | Professional Human Resource Costs (Note 3) | Para-professional Human Resource Costs (Note 3) | Other Human Resource Costs (Note 3) | Other Service Delivery Costs (Note 3) | TOTAL Budgeted Service Delivery Costs 2011-2012 | 2011–2012 Budget | 2010–2011 Actual |
|---|---|---|---|---|---|---|---|---|---|
| | Prof. | Para. | | | | | | | |
| Speech Language Therapy | | | | | | | $ - | | |
| Physical Therapy | | | | | | | $ - | | |
| Occupational Therapy | | | | | | | $ - | | |
| Audiology | | | | | | | $ - | | |
| Respiratory Therapy | | | | | | | $ - | | |
| Nursing Care | | | | | | | $ - | | |
| Emotional/Behavioural | | | | | | | $ - | | |
| Supports | | | | | | | $ - | | |
| Teaching Assistants | | | | | | | $ - | | |
| Other | | | | | | | $ - | | |

**Schedule 2 – Projected Administration Spending Carried Forward**

| | |
|---|---|
| **Total Budgeted SHP Allocation 2012/2013 (including supplemental)** | |
| *Maximum administration limit for the year (Note 7)* | 4.50% |
| **2012/2013 Projected Administration expense limit** | |
| *Plus: Projected Allowable Administration Spending carried forward from previous year* | |
| **Projected Accumulated Maximum Administration Amount** | |
| *Less: Budgeted Administration expenses for the year 2012/2013* | |
| **Projected Allowable Administration Spending carried forward to future years** | |

# Notes to Service Plan Budget Report

**Note 1**

**Budgeted revenues** include any accounts receivable at August 31 from Government or others that relate to the service year.

- **Annual SHP funding allocation:** Annual funding allocation excluding any amounts transferred to other Partnerships.
- **Supplementary Funding Allocations:** Additional funding not included in the original budget plan including amounts transferred in from other Partnerships or one time funding.
- **Interest Income:** Interest earned on the unspent funding allocation balance held by the banker board.

**Note 2**

**Budgeted expenses** should include all expenses expected to be incurred from September 1st up to and including August 31st of the following calendar year (1 fiscal year). This means that the Service Plan Budget Report is prepared using same accrual method of accounting as the financial statements are prepared on. Retroactive salary adjustments should be reported as a budgeted expense in the service year to which it applies, regardless of which period they will actually be paid.

**Note 3**

**Service Delivery Costs** are made up of four categories. The human resource costs consist of salaries and benefits, as well as time charges and contract related expense charges made by contractors. All other service delivery expenses are reflected as "Other Service Delivery Costs."

- **Professional Human Resources:** Professional salaried and contract service delivery personnel (holding a degree or accreditation) providing direct or consultative expertise; e.g., Speech Therapists, Physical Therapists, Occupational Therapists, Audiologists, Respiratory Therapists, Nurses, Social Workers, Behaviour Consultants, Family School Liaison Workers.
- **Para-professional Human Resources:** Para-professional salaried and contract service delivery personnel providing direct Student Health and support services; e.g., Service Delivery Assistants in the fields of Teaching, Speech Language Therapy, Occupational Therapy, Physical Therapy, Family School Liaison Workers.
- **Other Human Resources:** Salaried and contract personnel providing indirect service to the program. Clinical Supervisors, Service Delivery Support Staff up to 4% of SHP service delivery funding allocation, Service Delivery Administrative Support Staff, Evaluation Services. Includes Teacher Replacement 1.5% of total SHP service delivery funding allocation.
- **Other Service Delivery:** Travel Expenses, training, service delivery supplies, equipment for service delivery including payments to contractors for expenses other than time charges.
  Equipment for service delivery purchases are not capitalized or amortized.

They are budgeted as expenses in the year of acquisition.
Service Delivery costs should be budgeted net of recoveries received from other partnerships or school divisions rather than reflecting these recoveries as revenue; e.g., expenditures incurred for professional staff paid by one Partnership or School Division but utilized by other Partnerships that contribute to the cost. The recoveries received by the partnership are treated as a reduction in expenses rather than as revenue.

**Note 4** **Administration Costs:** Partnership coordinator salary and expenses, administrative support, travel expenses and banker board supply costs for operation of the Partnership. When these costs exceed the "Accumulated Maximum Administration Amount" in Schedule 2 of the Statement of Operations (Actual) they must be recovered in future years. Administrative equipment is budgeted as an expense in the year of acquisition.

**Note 5** **Unexpended Funds at Beginning of Year:** Must agree to the unexpended funds at the end of the previous year.

**Note 6** **Unexpended Funds at End of Year:** These funds are carried forward for expenditure the following year(s).

**Note 7** **Administration expense limit:** 4.5% of grant revenue, including supplemental funds received for the year.

# Student Health Accountability Framework

Goal 1: To improve access to integrated health and related services for children and youth with special health and support needs registered in school programs

| Outcome | Indicator | Measure | Data Source |
|---|---|---|---|
| Health and related services are provided to children and youth with special health and support needs. | Number of Student Health services offered by Partnerships | Number of students served in each service category. | Partnership reports |
| | | Number of professional FTEs providing service in each service category. | Partnership reports |
| | | Number of paraprofessional FTEs providing service in each service category. | Partnership reports |
| Health and related services for children and youth with special health and support needs are accessible. | Parent, Service Provider and Teacher Perceptions regarding: | | |
| | - referral process | % of parents agreeing that it is easy to refer students for Student Health services | Parent survey |
| | | % of service providers agreeing that it is easy to refer students for Student Health services | Service provider survey |
| | | % of teachers agreeing that it is easy to refer students for Student Health services | Teacher survey |
| | - timeliness | % of parents agreeing that Student Health services are provided within a reasonable time as defined in the survey instruments | Parent survey |
| | | % of service providers agreeing that Student Health services are provided within a reasonable time as defined in the survey instruments | Service provider survey |
| | | % of teachers agreeing that Student Health services are provided within a reasonable time as defined in the survey instruments | Teacher survey |
| | - accessibility | % of parents agreeing that Student Health services are available as needed | Parent survey |
| | | % of service providers agreeing that Student Health services are available as needed | Service provider survey |
| | | % of teachers agreeing that Student Health services are available as needed | Teacher survey |
| | - coordination | % of parents agreeing that Student Health services are coordinated | Parent survey |

| | | | |
|---|---|---|---|
| | | % of service providers agreeing that Student Health services are coordinated | Service provider survey |
| | | % of teachers agreeing that Student Health services are coordinated | Teacher survey |
| Health and related services for children with special health and support needs are Integrated. | Parent, Service Provider, Teacher and Partner Perceptions | % of service providers satisfied with the level of collaboration (teamwork) among the teachers, parents and service providers | Service provider survey |
| | | % of parents agreeing that they were included or contributed to the development of the student's plan | Parent survey |
| | | % of service providers agreeing that they were included or contributed to the development of the student's plan | Service provider survey |
| | | % of partners are satisfied with the level of collaboration | Partner survey |
| | | % of teachers agreeing with the adequacy of the plan in place to provide Student Health services | Teacher survey |

Goal 2: To enable children and youth with health and support related needs to be successful in their school program

| Outcome | Indicator | Measure | Data Source |
|---|---|---|---|
| Children and youth with special health and support needs are successful at learning | | | |
| | Parent, Service Provider, Teacher and Partner Perceptions | % of parents agreeing that the Student Health service has improved their child's ability to be successful in their school program | Parent survey |
| | | % of service providers agreeing that students achieved their service goal | Service Provider survey |
| | | % of teachers agreeing that the Student Health services improved their student's abilities to be successful at learning | Teacher survey |
| | | % of Partners satisfied that the Student Health services have improved the ability of students to be successful in their school programs | Partner survey |
| | Students achieving goals/outcomes | % of students achieving services plan goals/outcomes by service area; i.e., speech, OT, PT, Psych, Mental Health, Nursing | Service provider survey |
| | Students benefiting from recommendations | % of students benefiting from recommendations by service area; i.e., speech, OT, PT, Psych, Mental Health, Nursing | Service provider survey |